

Sorry this got lost.

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-017126

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 280 Primary Registration District No. _____ Registrar's No. 22

STATE FILE NUMBER

FILED APR 29 1963

1. PLACE OF DEATH a. COUNTY Plette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Plette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Deerborn		c. CITY OR TOWN Deerborn	
Length of stay in lb 25 yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS (If outside, give location) None	
3. NAME OF DECEASED (Type or print) First NELLIE Middle DAY Last OLIVER		4. DATE OF DEATH Month March Day 19 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/6/01
9. AGE (last birthday) 62		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 24 Hr. Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self employed		10b. KIND OF BUSINESS OR INDUSTRY Decorator	
11. BIRTHPLACE (City and state or country) Smithville, Mo		12. NAME OF HUSBAND OR WIFE deceased	
13a. FATHER'S NAME Henry Dey		13b. MOTHER'S MAIDEN NAME Ora Buckenridge	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. _____	
17. INFORMANT George Oliver, Wichita, Kansas		Address _____	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH Instant	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dr. D. B. Riley		22b. ADDRESS Deerborn, Mo	
22c. DATE SIGNED 4/23/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/21/63	23c. NAME OF CEMETERY OR CREMATORY Deerborn Cemetery	23d. LOCATION (City, town, or county) Deerborn, Missouri
24. FUNERAL DIRECTOR ADDRESS Vaughn & Aufreno, Deerborn, Mo.		25. DATE RECD. BY LOCAL REG. 4-23-63	26. REGISTRAR'S SIGNATURE Alpha Rollins

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

1 **0830**

2 **0830**

3

4 **1**

5 **2**

6

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9 **4201**

10

11

12 **90-0**

13 **1-1**

APR 29 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer _____

Signed W R Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.